



Ethical Climates in For-Profit, Nonprofit, and Government Skilled Nursing Facilities

Managerial Implications for Partnerships

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ABSTRACT

This study investigates ethical climates in government, nonprofit, and for-profit nursing homes and determines their similarities and differences. Surveys were collected from 656 (21.4%) licensed nurses who worked in 100 skilled nursing facilities in one Midwestern state. Shared law and code and caring ethical climates were identified across the 3 sector nursing homes. Those climates were also polarized. Important implications were drawn for consideration of ethical perceptions of each sector during negotiations and contract management.

As the long-term care industry undergoes rapid and turbulent change, government health care facilities increase reliance on contracts with private and nonprofit entities for the management and delivery of health care services.¹ It is often assumed by governments that privatization and contracting out create a competitive environment that results in increased efficiency

and cost savings.² An additionally expected benefit is an improved quality of care.³

Some critics point out that contracting out presents significant risks and uncertainties to governments, especially when it comes to ethics.^{4,5} Bernheim⁶ found that public health practitioners expressed the need to address and understand potential ethical issues arising from different climates,

different values, and different governance structures of potential public-private partnerships. Surveyed practitioners believed that

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potential partners were more powerful and created ethical tension. Transparency and trust in relationships were found to be key ethical considerations.⁶ Yet, no research is available that has explored the nature of ethical climate in various nursing home sectors. Theoretical and empirical research suggests that variations might exist.^{3,5,7}

The purposes of this article were to investigate ethical climates in government, nonprofit, and for-profit nursing homes and to determine the extent to which similarities and differences exist in ethical climate dimensions. A study on the orientation of ethical climate may allow government administrators to better understand the implications of using for-profit and nonprofit partners in the delivery of services. The article is divided into 5 main sections. The first section lays the theoretical framework. The research methodology and findings are discussed next. The next section provides a discussion of study results. Finally, the study concludes with a practitioner implication section.

Theoretical Background

Ethical Climate Theory

Victor and Cullen^{8(p51)} define ethical climate as “the shared perceptions of what is ethically correct behavior and how ethical issues should be handled.” They proposed 9 ethical climate types based on 3 major classes of ethical theory on which decisions and actions are based (egoism, utilitarianism, and deontology) and 3 loci of analysis (individual, local, cosmopolitan).⁸

Whereas 9 ethical climates exist, theoretically, in Victor and Cullen’s⁹ framework, empirically, fewer climate types were verified. Martin and Cullen’s¹⁰ meta-analysis revealed that 5 ethical climates were confirmed to guide decision-making process in an organization: egoistic, caring, independence, law and code, and rules. Each of the 5 ethical climates is guided by a normative expectation. For example, in the egoistic climate, personal and organization self-interest or efficiency is the normative expectation that guides decision making. In the caring ethical climate, the welfare of individuals, groups inside the organization, and those external to the organization guide decision making. In the independence ethical climate, people are expected to act on deeply held, personal moral convictions. In the law and code ethical climate, external laws and codes guide decisions. Finally, in a rules climate, organizational policies, rules, standards, and regulations influence decision making.

Ethical Climate and Ownership

Victor and Cullen^{8,9} found that different ethical climates exist between organizations and that most organizations seem to have a dominant ethical climate type. They discovered empirically that organizational form was a significant predictor of ethical climate perceptions.⁸ Building on this work, studies investigating the role of organizational form include those that considered variation in

the context of government versus nonprofit organizations,^{5,7} nonprofit versus for-profit organizations,¹¹ and government versus for-profit organizations.¹² For example, Brower and Shrader¹¹ found that nonprofit organizations tended toward a caring ethical climate, whereas the for-profit ones tended toward an egoistic climate. Malloy and Agarwal’s⁷ findings reveal that both government and nonprofit sectors identified caring and independence climates as being present in their organizations. Because variation in ethical climates was identified in previous studies, it was hypothesized as follows:

H1: There will be an overall difference in ethical climate orientations in different sector facilities.

Based upon the implicit organizational goals of the 3 sectors—for-profit, nonprofit, and government nursing homes—different ethical orientations are to be expected in ethical decision making. Private sector organizations are driven primarily by market incentives, which is associated with greater flexibility and innovativeness in both process and outcomes for survival.¹³ For-profit nursing homes maximize profits by setting output, quality, inputs, and patient mix at levels to achieve the objective.^{14,15} They have both incentives and opportunities to exploit “information asymmetry” (information known to some but not others) between consumers and producers to their advantage.^{16,17} Characteristics such as these resonate with the for-profit literature where the efficiency-driven/personal/organization self-interest climate may be promoted.⁸ Neither government nor nonprofit organizations are pursuing a single goal like profit.¹⁴ Furthermore, government-owned nursing homes lack a defined shareholder and thus have less incentive to maximize profits and greater incentive to maximize objectives such as unobservable quality and the provision of public goods.¹⁴

H2: Hence, licensed nurses in for-profit facilities will perceive the egoistic climate orientation as dominant compared with licensed nurses in government and nonprofit ones.

Traditionally, public organizations serve multiple constituents, have rigid rule structures, follow strict reporting requirements, and are not tied to market incentives as for-profit facilities are.^{13,14} Such regime of rules and law compliance within government ensures that citizens get all the services that they need.¹³ The presence of the law and code, as well as rules ethical climate types in an organizations are consistent with the notion of promoting “public interest,” with an emphasis on accountability, fairness, equality, and transparency.^{5,7} In contrast, in nonprofit organizations, following laws and rules might be regarded as an imposition, as opposed to being a positive means of achieving accountability or transparency.⁵

H3: Hence, licensed nurses in government facilities will perceive the law and code and rules on ethical climate orientations as dominant compared with licensed nurses in for-profit and nonprofit ones.

Previous research suggests that the client-based and employee-based concerns are to be expected in the non-profit sector nursing homes based on the underlying communitarian assumptions of this sector.^{5,7,14} Nonprofit employees are more attached to the organizational mission than are employees in the government and for-profit organizations,¹⁸ and they demonstrate dedication to the preferences and welfare of the employees and clients.^{5,19} Such commitment is characteristic of a caring ethical climate orientation.⁸

H4: Hence, licensed nurses in nonprofit facilities will perceive the caring ethical climate orientation as dominant compared with licensed nurses in for-profit and government ones.

Methods

Sample

Permission to conduct the study was obtained from the Human Subjects Institutional Review Board of Western Michigan University. A cross-sectional survey design was implemented.

The target population for this study was limited to skilled nursing facilities (SNFs) in one Midwestern state that were free standing, had at least 50 beds, and were Medicare certified and/or Medicare/Medicaid certified and all the licensed nurses within participating facilities who were employed full-time on all shifts. Prenotice letters were sent to 359 nursing home administrators with a request to allow licensed nurses to participate in the study. Whereas a total of 110 administrators (31%) provided such permission, completed surveys were eventually received from 100 facilities (28%).

Once permission was granted, mailed packets including a cover letter, a survey instrument, and a business reply envelope were either sent to administrators to distribute those to licensed nurses or mailed directly to licensed nurses' facility address if nurses' names were provided in advance. Of the 3060 surveys distributed to licensed nurses, 728 were returned, for a response rate of 23.8%. Using "listwise" deletion for missing values, the investigator was left with a sample of 656 respondents and thus a response rate of 21.4%. Returned questionnaires were analyzed using the statistical software STATA 8.2 (Stata Corporation, College Station, Texas).

Measures

This study used the 26 items of Victor and Cullen's⁹ Ethical Climate Questionnaire (ECQ). The instrument was developed to test the existence of ethical climate types and "taps respondents' perceptions of how the members of their respective organizations typically make decisions concerning various 'events, practices, and procedures' requiring ethical criteria."^{9(p109)} It measures 5

ethical climate orientations (egoistic, caring, law and code, rules, and independence; eg, "What is best for everyone in the facility is the major consideration here," "In this facility, the first consideration is whether a decision violates and law," "People in this facility strictly obey the organization policies," "The major responsibility of people in this facility is to control costs," "In this facility, people are guided by their own personal ethics," etc).

The ethical climate items were measured using a 6-point Likert-type scale (1 = *completely false*; 6 = *completely true*). Higher scores on an ethical climate dimension meant a higher level of that particular measure. The coefficient α , for studies that used the 26-item version of the ECQ,^{8,9} ranged from .60 to .85.

In a related research study, the Filipova²⁰ conducted confirmatory factor analysis to confirm the existence of the theoretically proposed ethical climates for SNFs. The final overall measurement model consisted of 5 ethical climates, namely, caring, egoistic, law and code, rules, and independence, and showed satisfactory goodness-of-fit indices: $\chi^2_{125} = 459.186$, $N = 656$, $P < .001$, root mean square error of approximation = 0.064, comparative fit index = 0.935, goodness-of-fit index = 0.925, standardized root mean squares residual = 0.049. The scores of Cronbach's α were egoistic (4 items; 0.82), caring (3 items; 0.81), rules (4 items; 0.81), law and code (5 items; 0.82), and independence (2 items; 0.61). Respondents identified the presence of law and code ethical climate (mean [SD] = 4.79 [0.90]). This was followed by a rules climate (mean [SD] = 4.27 [0.98]), caring climate (mean [SD] = 3.60 [1.21]), independence climate (mean [SD] = 3.57 [1.06]), and egoistic climate (mean [SD] = 3.15 [1.22]).²⁰ Discriminant validity of constructs was also supported²⁰; therefore, the 5 ethical climate orientations were used in this study's statistical analyses.

Analyses

Descriptive statistics were calculated to develop a profile of the respondents. Contingency analysis provided a more detailed picture of the relationship between ownership type and individual ethical climate items. Finally, multivariate analysis of variance (MANOVA) and analysis of variance (ANOVA) techniques were conducted to test for differences among government, nonprofit, and for-profit ethical climate orientations (hypotheses 1, 2, 3, and 4). Preliminary diagnostics revealed no major violation of ANOVA assumptions.

Results

Descriptive Statistics

The sample was primarily women (94%). Respondents ranged by age group from younger than 25 to older than 54 years, with nearly 37% falling between the ages of 44 and 53 years. A large proportion of the respondents have

worked in the home between 5 to 9 years (23%) and more than 10 years (29%). Participation by ownership varied, with 40% working in for-profit homes, 33% in nonprofit homes, and 27% in government ones.

Contingency Analysis

Several statistically significant but weak relationships were found between individual items of ethical climates and ownership type. Licensed nurses in for-profit SNFs were more likely to find as completely or mostly false the caring ethical climate item statement “what is best for everyone in this organization is a major consideration here” (35%) as compared with licensed nurses in nonprofit (19%) and government SNFs (28%; $\chi^2_6 = 16.78$, $N = 656$; $P < .01$). Licensed nurses in government SNFs were significantly more likely to describe as completely or mostly false the independence ethical climate item statement “each person in the organization decides for themselves what is right and wrong” (59%) as compared with those in nonprofit SNFs (48%; $\chi^2_6 = 14.10$, $N = 656$; $P < .03$). Licensed nurses in nonprofit SNFs were significantly less likely to find as completely or mostly true the egoistic ethical climate item statement “in this organization people are mostly out for themselves” (19%) as compared with licensed nurses in for-profit (27%) and government SNFs (31%; $\chi^2_6 = 14.1$, $N = 656$; $P < .03$). Finally, licensed nurses in for-profit SNFs were significantly more likely to find as completely true or mostly true the egoistic ethical climate statement “the major responsibility in this organization is to control costs” (54%) as compared with licensed nurses in the nonprofit (39%) and the government SNFs (33%; $\chi^2_6 = 21.19$, $N = 656$; $P < .002$).

MANOVA and ANOVA Analyses

Multivariate analyses of variance showed that of the 5 ethical climates confirmed to exist in nursing homes (see Filipova²⁰)—law and code, caring, independence, rules, instrumental—the law and code and caring ethical cli-

mates were identifiable among the 3 sectors supporting hypothesis 1 (Table). Furthermore, within each sector, participants were more likely to describe law and code ethical climate than caring ethical climate.

Results of ANOVA (see Table) suggest that government licensed nurses perceived their organizations to put higher emphasis on adherence to laws and codes as part of their decision making (hypothesis 3) than did nonprofit and for-profit licensed nurses. Furthermore, nonprofit licensed nurses believed that the caring ethical climate was dominant (hypothesis 4) compared with government and for-profit ones. No support was found for hypothesis 2.

Bonferroni multiple-comparison method confirmed those associations to be partially true. Nonprofit facilities had a higher mean score (mean difference = 0.39, $P < .001$) on caring climate only compared to for-profit ones, whereas government facilities had a higher mean score on law and code ethical climate only compared with for-profit ones (mean difference = 0.21, $P < .04$).

Discussion

This study revisited with new insights previous studies^{5,7} on ethical climate whose main objective was to demonstrate how individuals in the government sector perceive ethical climate compared with individuals in the for-profit and nonprofit sectors. The originality of the study, however, lies in the fact that it is the first quantitative investigation that examines licensed nurses’ perceptions of ethical climates orientations in nursing homes across all 3 sectors.

Results of MANOVA indicated that the 5 ethical climates were sufficiently strong and identifiably different to produce significant discrimination among different sector nursing homes and thus supported hypothesis 1. The results obtained from ANOVA revealed that hypotheses 3 and 4 were partially supported. Specifically, nonprofit facilities had a higher mean score on caring ethical climate compared for-profit ones, whereas government

T A B L E
Analysis of Variance and Multivariate Analysis of Variance (MANOVA)^a of Ethical Climates by Ownership

| Ethical Climate Dimension | Univariate Results, $F_{2,653}$ | P | Means (N = 656) | | |
|---------------------------|---------------------------------|-----|--------------------|-------------------|--------------------|
| | | | For Profit n = 260 | Nonprofit n = 216 | Government n = 180 |
| Caring | 6.47 | .00 | 3.44 | 3.83 | 3.57 |
| Law and code | 3.05 | .05 | 4.71 | 4.78 | 4.92 |
| Rules | 1.97 | .14 | 4.18 | 4.34 | 4.31 |
| Egoistic | 2.55 | .08 | 3.38 | 3.12 | 3.31 |
| Independence | 0.45 | .64 | 3.53 | 3.60 | 3.60 |

^aMANOVA: Wilk’s $\Lambda = 0.97$; $F = 2.27$; $P = .01$.

facilities had a higher mean score on law and code climate compared for-profit facilities.

Hypothesis 1 finding acknowledges Victor and Cullen's^{8,9} arguments that many ethical climates may operate simultaneously in organizations, and that they may be determined by organizational form. The shared ethical climates among the 3 sectors include law and code and caring, with the law and code being predominant. Such orientation implies the strong emphasis put on conforming to the highly regulated nursing home environment. The results are also consistent with previous research²¹ that found that the law and code followed by a caring climate were predominant in for-profit sector organizations, in addition to government and nonprofit ones.

Despite similarities in ethical climate perceptions, ANOVA findings also revealed some noticeable differences across the 3 sector organizations. First, results for hypothesis 3 revealed that there was more dominance of the caring ethical climate orientation with an emphasis on the well-being of employees and clients within nonprofit homes as compared with for-profits ones. Contingency analysis also supported the association between nonprofit status and "consideration in the best interest of employees." Rasmussen et al⁵ suggest the dominance of this climate to be because of the underlying communitarian assumptions of nonprofit sector. When a product's quality cannot be readily observed or evaluated, nonprofit organizations can engender a level of trust that consumers are less willing to ascribe to for-profit firms to the extent that consumers believe the nonprofit's motivation is to provide a quality product devoid of considerations of profit making.²² Holmes²³ suggests that being in competition for donors, nonprofit nursing homes not only can respond to the demands of consumers better than their private counterparts but also have strong incentives to do so. On the other hand, for-profit nursing homes have greater incentive and opportunity to maximize profits.^{14,16} Contingency analysis showed that licensed nurses in for-profit facilities perceived "cost control" as being important efficiency criteria in decision making.

Second, results for hypothesis 3 indicated that in the government nursing home context, the emphasis was more on the application of laws and codes as compared to for-profit organizations. The development of this ethical climate is based on the commitment of promoting values such as fairness and equality. For example, Holmes²³ found that the county medical care facilities were allocating more resources, as resident case-mix needs increased. On the other hand, for-profit nursing homes might follow laws and rules to gain social legitimacy and to achieve scale economies and reputation through brand name recognition. For example, Banaszak-Holl et al²⁴ found that for-profit nursing home chains tended to affect the capabilities and performance of facilities they acquired by introducing bureaucracy and impersonality. Standardization of services, administration, operating procedures, equipment, and even buildings raised consumers' perceptions of a chain's reliability. However, the same research also suggested that a chain might impose stan-

dardized guidelines for treating health problems that were effective at reducing costs, but that did not necessarily fit the specific needs of a facility's resident population.

Implications and Conclusion

This study provides insights into similarities and differences in ethical climate in SNFs in one Midwestern State, with important implications for consideration and awareness of ethical perceptions of each sector during potential negotiations and contract management.

The presence of shared ethical climates bodes well for government nonprofit nursing home collaboration in the delivery of health care services where a common acceptance of law and code and caring relationships based upon the other's interests pervades these 2 types of organizations.⁷ Findings also revealed that there was more dominance of the caring ethical climate within nonprofit homes as compared with for-profit homes. Contract literature suggests that government presumably faces lower monitoring and contract enforcement costs associated with ensuring responsive community services by contracting with nonprofit rather than for-profit homes.² Nonprofit homes are perceived as more trustworthy and preferred to for-profit organizations because they are prohibited from distributing profits to organizational owners and managers.¹⁹ The nondistribution constraint signals a possibility that nonprofit homes may have an incentive to provide better care than their for-profit counterparts.¹⁶ Like public organizations, nonprofit homes are also seen as more efficient in service delivery under conditions of "information asymmetry."^{19,26} Within the context of nursing home care, empirical research has found that nonprofit ownership was associated with higher quality of care than for-profit ownership.^{3,14,25,26}

Government administrators should also recognize that the prevalence of a caring ethical climate orientation does not mean sidestepping monitoring contract responsibilities when it comes to nonprofit providers. As previous management research^{5,8} suggests, the nonprofit organization's greater emphasis on the caring climate might sometimes lead to unintentional violation or intentional application of caring considerations. For example, although the superior quality in nonprofit homes reflects a patient-centered care, it also reflects the ability to select clients to ensure that adequate resources are acquired and reinvested into the organizational mission.³ Empirical evidence shows that nonprofit nursing homes tend to have more private pay patients than proprietary nursing homes and that proprietary nursing homes tend to have more Medicaid patients than nonprofit homes.^{3,17,27} These empirical observations are contrary to the notion that altruistically motivated nonprofit nursing homes would serve a large share of the less profitable Medicaid patients than proprietary facilities.^{17,27}

Furthermore, nonprofit organizations are likely to face a principal-agent problem.²⁸ That is, unconstrained managers of nonprofit organizations will be more inclined

to pursue personal and organizational goals (eg, use net earnings to increase power, prestige, pay, quality enhancement).²⁸ Santerre and Vernon²⁸ point out that production efficiency studies tended to confirm that, in isolation, a nonprofit home might produce medical care with higher quality and also had greater production costs than otherwise comparable for-profit home. However, it was unclear if the higher costs were fully justified by any quality of care improvements.

The similarity in ethical climates between government and for-profit homes also bodes well for government for-profit nursing home collaborative partnerships where the shared sense of caring and law and code ethical climates may mean that the treatment of patients will be perceived less personally intimidating as may usually be the case in typically self-interest/organization-interest climates.⁸ Like public nursing homes, for-profit homes provide greater access to the impoverished Medicaid recipients^{3,27} and operate in US states with lower Medicaid payments compared with nonprofit homes.²⁷ Also, for-profit nursing homes emphasize greater efficiency and are more cost conscious in the delivery of services than nonprofit homes.^{14,28}

However, the lesser emphasis put on the law and codes ethical climates in for-profit homes, compared with government homes, implies that for-profit homes' adherence to laws and codes may be seen as a way to interact with the external environment for the purposes of attracting resources and clients and exercising influence in the community, as opposed to being a positive means of achieving accountability.¹⁶ For example, for-profit homes were found to pursue cost-cutting tactics that compromise quality.³ In the private sector, quality and access have been described as a "zero-sum game," whereas public nursing homes have been able to effectively maximize both quality and access.^{3(p346)} Because differences in ethical climates between the 2 sectors exist, it does not necessarily follow that governments should avoid increasing its contract activities with the for-profit sector. Monitoring that places a greater emphasis on performance management and accountability will still be necessary for residents to receive quality care.

The findings of this study should be interpreted with some degree of caution. The low response rates limit generalizability of study results. Also, because of pragmatic constraints, the study was limited to a sample of nursing homes in one state in the United States. Future studies need to explore ethical climate orientations across various nursing home sectors in other states or in a national level. Also, a mixed mode survey design would be a better strategy to increase response rates while helping to contain research costs.²⁹ Recent empirical research suggests that offering nurse participants, a sequential Web-print, mixed mode survey design, would increase more health professionals' response rate than a mixed mode survey design that used Web and print survey options simultaneously or offered a print-Web sequence.³⁰

Despite its limitations, the study is the first to provide preliminary findings on the orientation of ethical

climates in different sector nursing homes. It is a starting point from which government, nonprofit, and for-profit nursing homes can examine their own ethical climate orientations and their potential similarities and differences. Finding a way of managing the differing ethical climates may not by itself overcome the issues associated with contracting out the delivery of government services.⁵ However, it may provide opportunities for better partnership agreements that acknowledge the importance of ethical climate differences.

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